

Battelle*The Business of Innovation*

IP Law Dept.

505 King Avenue

Columbus, OH 43201

Date: November 29, 2005

*Fax***To: Attn Refunds****Fax No: (571) 273-6500****Phone No: (571) 272-6500****Company: Director of USPTO****From: Brenda Block Koone****Fax No: (614) 424-3864****Phone No: (614) 424-3298****Total Pages: 8 (including Lead Sheet)****Comments:****Deposit Account No.: 021266****Owner: Battelle Memorial Institute****Please see letter and attachments for request for refund to be credited to deposit account.****Thank you.***Brenda Block Koone***Brenda Block Koone****BEST AVAILABLE COPY**

FAX

2005 NOV 29 11 3 45

US MAIL DELIVERY
NOV 29 2005**Battelle***The Business of Innovation*505 King Avenue
Columbus, Ohio 43201-2693
(614) 424-6424 Fax (614) 424-3263

November 29, 2005

VIA FACSIMILE

Direct line (614) 424-3298

Director of the U.S. Patent and Trademark Office
Attention: Refunds
2051 Jamieson Avenue, Suite 300
Alexandria, Virginia 22314

Dear Sir:

Deposit Account No.: 021266
Owner: Battelle Memorial Institute

Today we received our monthly statement dated 10-31-05 on the subject account. In reconciling the statement, I have found a line item where both our Visa card and deposit account were charged:

Serial No.: 10/018,160
Docket No.: BER-3.2 050/4167 (13401)
Fee Code: 1202
Charge: \$200.00
Date Posted: 10-27-05

An amendment for the subject application was mailed 10-6-05. A total of \$260.00 was authorized to be charged against our corporate Visa card: \$60 for a one month time extension and \$200 for claims in excess of 20 (small entity). The box indicating "credit card" was checked on PTO/SB/17 (Fee Transmittal for FY2005), and PTO-2038 Credit Card Payment Form was submitted for the \$260 fee due (both forms attached). The "deposit account" box on PTO/SB/17 was checked for usage in either an underpayment or overpayment situation.

Our Visa account was charged the total amount of \$260; our deposit account was charged \$200 (the fee for claims in excess of 20). I have attached a 3-page on-line Visa item description showing this \$260 charge as received and reconciled by our department cardholder on 10-27-05. I have also attached a copy of our deposit account statement showing the \$200 charge.

Please issue a credit to deposit account 021266 in the amount of \$200.00 to rectify this double charge. Please call me if you have any questions. Thank you.

Very truly yours,

*Brenda Block Koone*Brenda Block Koone
Intellectual Property Law Department/bbk
Attachments (4)

BATTELLE



Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 07/31/2008, OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4817).

FEE TRANSMITTAL

For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 280.00

Complete if Known

Application Number 10/018,180
Filing Date 11-01-2001
First Named Inventor Coffey
Examiner Name Oh, Simon J.
Art Unit 1615
Attorney Docket No. BER-3.2 050/4167 (13401)

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):
☒ Deposit Account Deposit Account Number: 021288 Deposit Account Name: Battelle Memorial Inst.
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-0228.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims		
Extra Claims		
Fee (\$)		
Fee Paid (\$)		
HP = Highest number of total claims paid for, if greater than 20.		
Indep. Claims		
Extra Claims		
Fee (\$)		
Fee Paid (\$)		
HP = Highest number of independent claims paid for, if greater than 1.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

4. OTHER FEE(S)

Non-English Specification \$130 fee (no small entity discount) Fees Paid (\$)

Other (e.g., late filing surcharge): 1 month extension \$60; extra claim fees \$200 \$260.00

SUBMITTED BY			
Signature	<i>William B. Richards</i>	Registration No. (Attorney/Agent)	44,301
Name (Print/Type)	William B. Richards	Telephone	614-424-5612
		Date	10-06-2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



P-Card...

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Battelle Memorial Institute

Full Item Description
For Order Log No V1367970681
Line Item No. 1

Item Description

USPTO--13401(BER-3.2 050/4167--10/018,160--1 month extension fee=\$60; Extra claims fee=\$200--
total=\$260.00

Client Ref No**Business Purpose**

Deliverable Item **Existing Equipment**

No

No

Property Loc

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Version 2.00 - Revision 0.00

Battelle Memorial Institute
Order Detail

Cardholder: Sylvia S Cook

Log V1367970681
No:Requestor: COOK, SYLVIA
SReq
No:US PATENT AND TRADEMARK
Supplier: OFFICE

Deliver To Info

COOK, SYLVIA S
Bld No: 11 Room No:8 085
Ship To Info

COLUMBUS, OH 43201

Status: User Reconciliation Complete

Ordered: Oct 12 2005

Promised:

Received: Oct 27 2005

Service? No

Order Comments

Total Order Amount: \$260.00

Sales Tax: \$0.00

Freight Amt: \$0.00

Item	Qty	Unit Price	Item Description	Purch Type	Item Amount	Work Package
1	1	260	USPTO-13401/BER-3.2.050/4167-	Misc Service	\$260.00	C292EFBT1

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Version 2.00 - Revision 0.00

Battelle Memorial Institute

Order Find Query

<u>Order No</u>	<u>Order Date</u>	<u>Supplier</u>	<u>Order Total</u>	<u>First Description Line</u>
<u>V1367970681</u>	10/12/2005	US PATENT AND TRADEMARK OFFICE	\$260.00	USPTO--13401(BER-3.2 050/4167-
Total Records: 1		Total Amount:	\$260.00	

*** End of Report ***

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United States Patent and Trademark Office
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Alexandria, VA 22313-1450
www.uspto.gov

MONTHLY STATEMENT
OF DEPOSIT ACCOUNT

To replenish your deposit account, detach and return top portion with your check. Make check payable to Director of Patents & Trademarks.

BATTELLE MEMORIAL INSTITUTE
PATENT ADMINISTRATOR
505 KING AVENUE
COLUMBUS OH 43201-2693

FINA

Account No.	021266
Date	10-31-05
Page	1

PLEASE SEND REMITTANCES TO:
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Chicago, IL 60673

DATE POSTED MO. DAY YR.	CONTROL NO.	DESCRIPTION (Serial, Patent, TM, Order)	DOCKET NO.	FEE CODE	CHARGES/ CREDITS	BALANCE
10 19 05	242	PCT/US05/36007	14370PCT	1601	300.00	14752.00
10 19 05	243	PCT/US05/36007	14370PCT	1704	1877.00	12875.00
10 19 05	244	PCT/US05/36007	14370PCT	1702	1102.00	11773.00
10 19 05	245	PCT/US05/36007	14370PCT	1703	108.00	11665.00
10 19 05	246	PCT/US05/36007	14370PCT	8002	20.00	11645.00
10 27 05	4	10018160	BER-3.2 050/4167 (1340)	1202	200.00	11445.00
<div style="border: 1px solid black; padding: 10px; text-align: center;"> RECEIVED NOV 29 2005 BATTELLE IP LAW DEPARTMENT </div>						
AN AMOUNT SUFFICIENT TO COVER ALL SERVICES REQUESTED MUST ALWAYS BE ON DEPOSIT			OPENING BALANCE	TOTAL CHARGES	TOTAL CREDITS	CLOSING BALANCE
			15052.00	3607.00	0.00	11445.00

United States Patent and Trademark Office
- Sales Receipt -

10/27/2005 RHARMON 00000003 021266 10018160

01 FC:1202 200.00 DA

Adjustment date: 12/19/2005 SDIRETA1
10/27/2005 RHARMON 00000003 021266 10018160
01 FC:1202 200.00 CR

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United States Patent and Trademark Office
Credit Card Payment Form
Please Read Instructions before Completing this Form

Credit Card Information

Credit Card Type:	<input checked="" type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
Credit Card Account #:	[REDACTED] 9877			
Credit Card Expiration Date:	12/2006			
Name as it Appears on Credit Card:	Sylvia Cook			
Payment Amount \$ (US Dollars):	\$260.00 4			
Cardholder Signature:	<i>Sylvia Cook</i>		Date:	10-06-2005

Refund Policy: The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The office will not refund amounts of \$25.00 or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR § 1.26). Refund of a fee paid by credit card will be issued as a credit to the credit card account to which the fee was charged.
Service Charge: There is a \$50.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR § 1.21 (m)).

Credit Card Billing Address

Street Address 1:	Battelle Memorial Institute		
Street Address 2:	505 King Avenue		
City:	Columbus		
State/Province:	Ohio	Zip/Postal Code:	43201-2693
Country:	USA		
Daytime Phone #:	(614) 424-7797	Fax #:	(614) 424-3864

Request and Payment Information**Description of Request and Payment Information:**

One Month Extension Fee-\$60; Extra Claim Fees-\$200.00

<input checked="" type="checkbox"/> Patent Fee	<input type="checkbox"/> Patent Maintenance Fee	<input type="checkbox"/> Trademark Fee	<input type="checkbox"/> Other Fee
Application No. 10/018,160	Application No.	Application No.	IDON Customer No.
Patent No.	Patent No.	Registration No.	
Attorney Docket No. BER-3.2 050/4167 (13401)		Identify or Describe Mark	

If the cardholder includes a credit card number on any form or document other than the Credit Card Payment Form, the United States Patent and Trademark Office will not be liable in the event that the credit card number becomes public knowledge.